

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09765715

APPLICANT(S)

FILING DATE  
01-09-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3						
4	✓					
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TOTAL IND.	2					
TOTAL DEP.	2	↓	↓	↓		
TOTAL CLAIMS	4					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						